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CONFIRMATION NO. 6678

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|--|---|-----------------------------------|---|--|
| SERIAL NUMBER 10/529,522 | FILING OR 371(c) DATE 02/13/2006 RULE | CLASS 424 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. BII-002.01 |
| APPLICANTS Alfred Sandrock, Newton, MA; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US03/30532 09/26/2003 which claims benefit of 60/414,307 09/27/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MA | SHEETS DRAWING 6 | TOTAL CLAIMS 74 |
| | | | | INDEPENDENT CLAIMS 8 |
| ADDRESS 58154 | | | | |
| TITLE Therapies for chronic inflammatory demyelinating polyneuropathy using interferon-ss | | | | |
| FILING FEE RECEIVED 5040 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |